

REPLACEMENT DRAWING

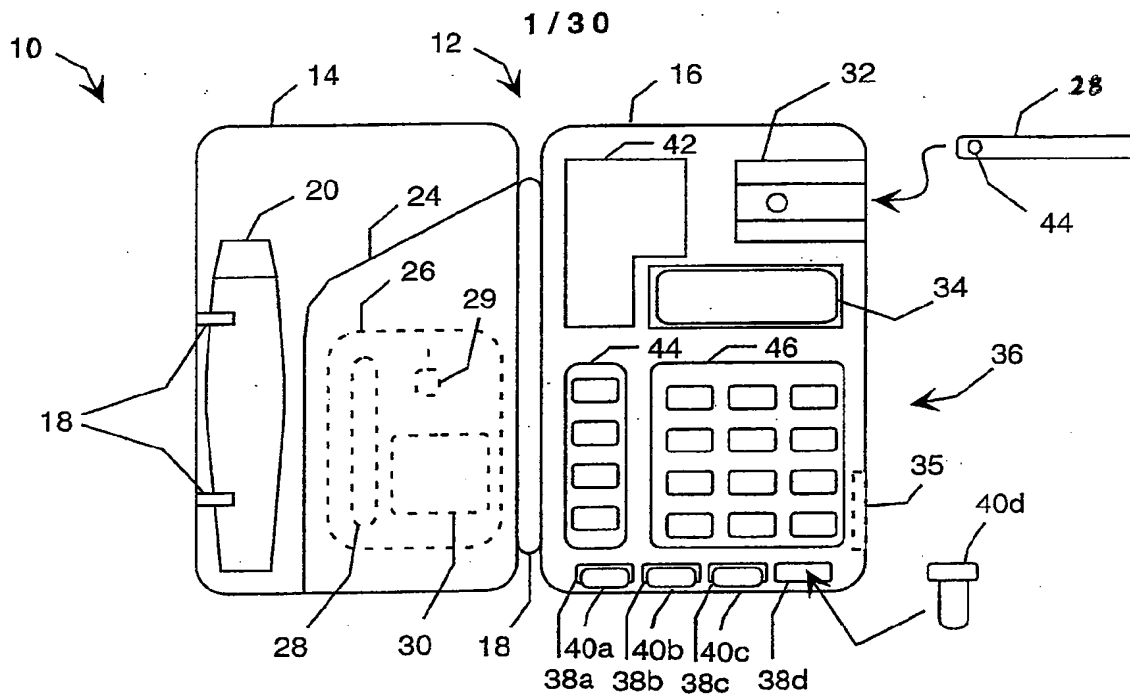


FIG. 1A

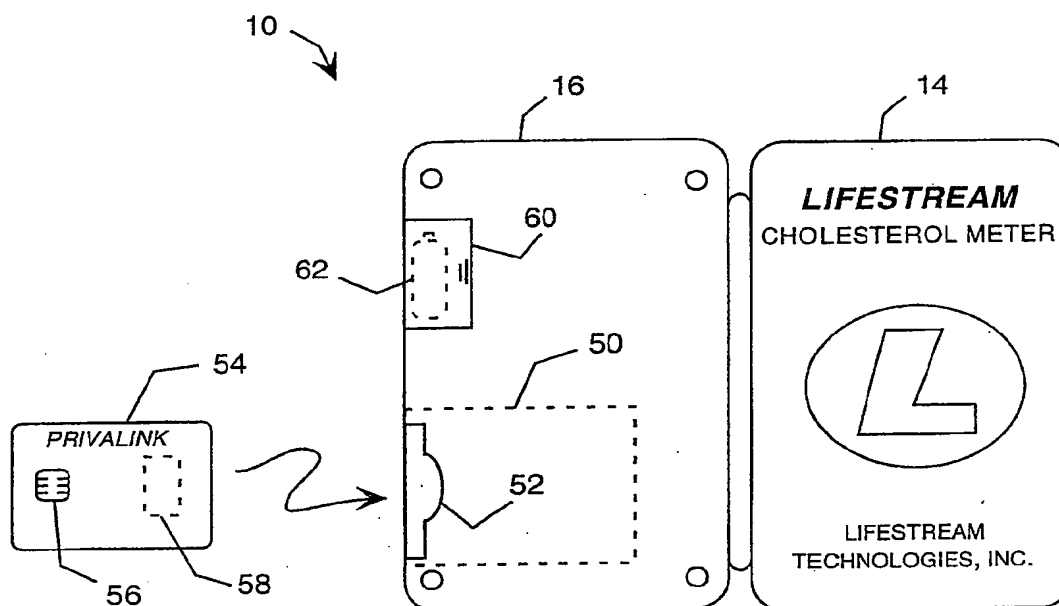
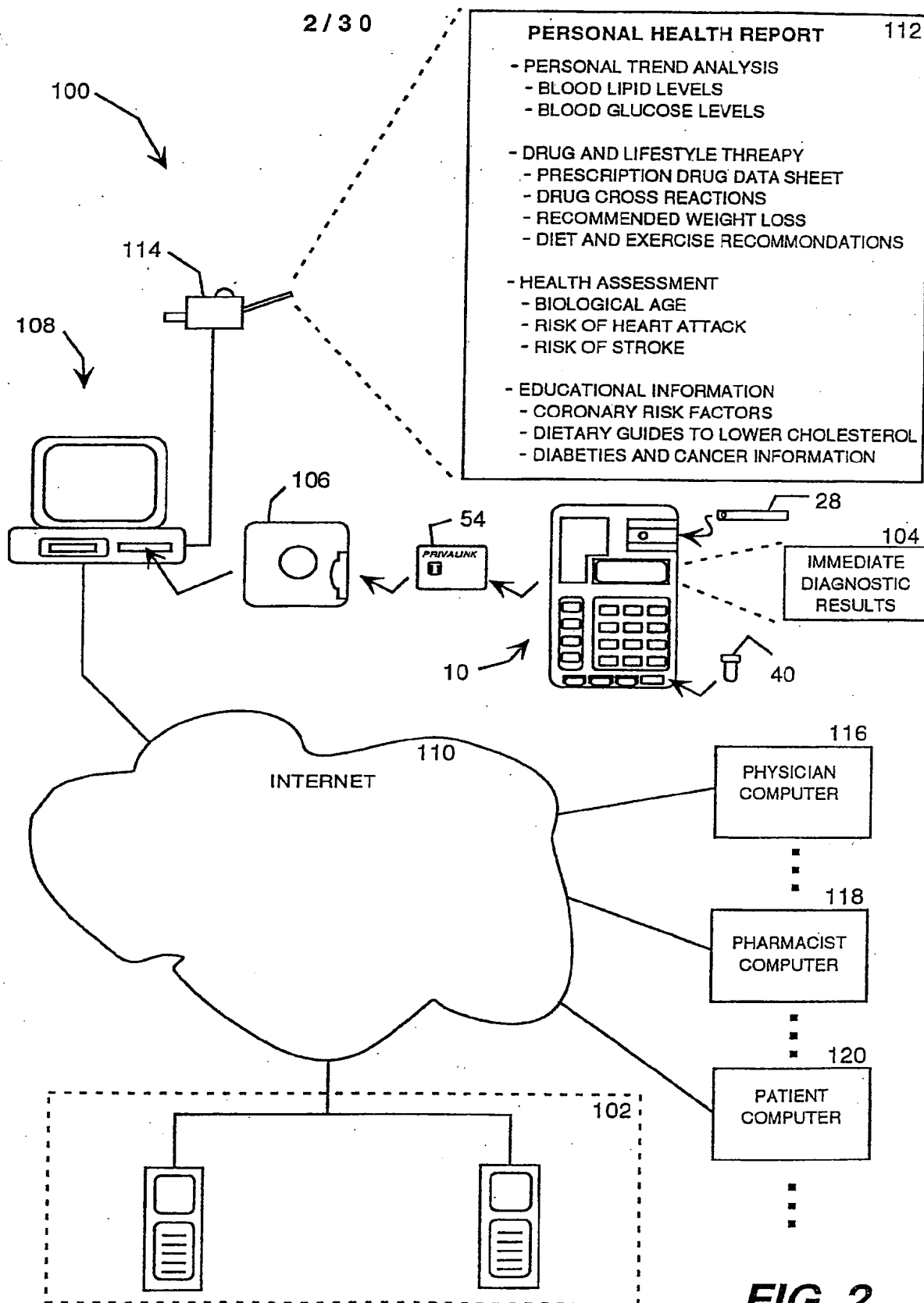
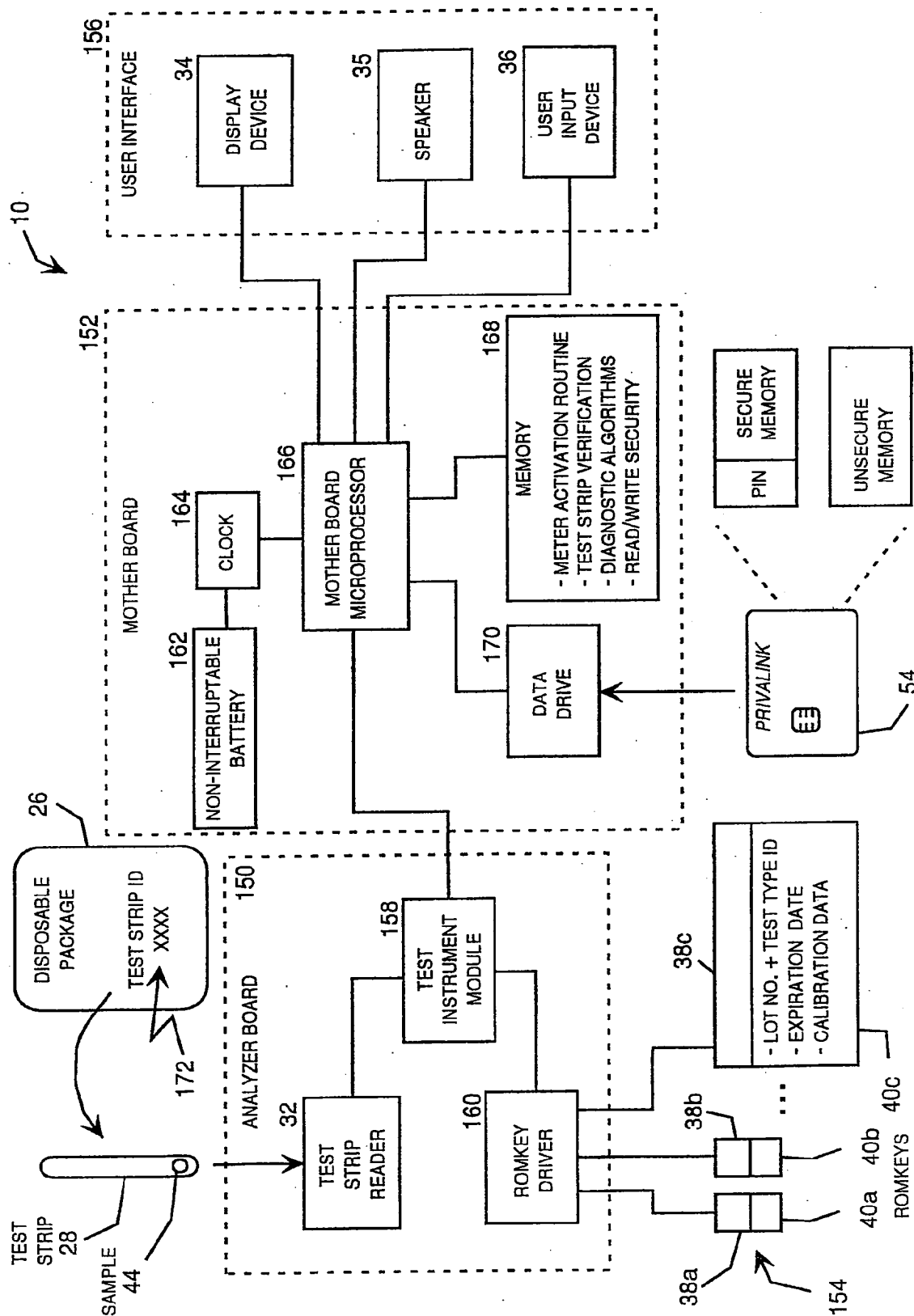


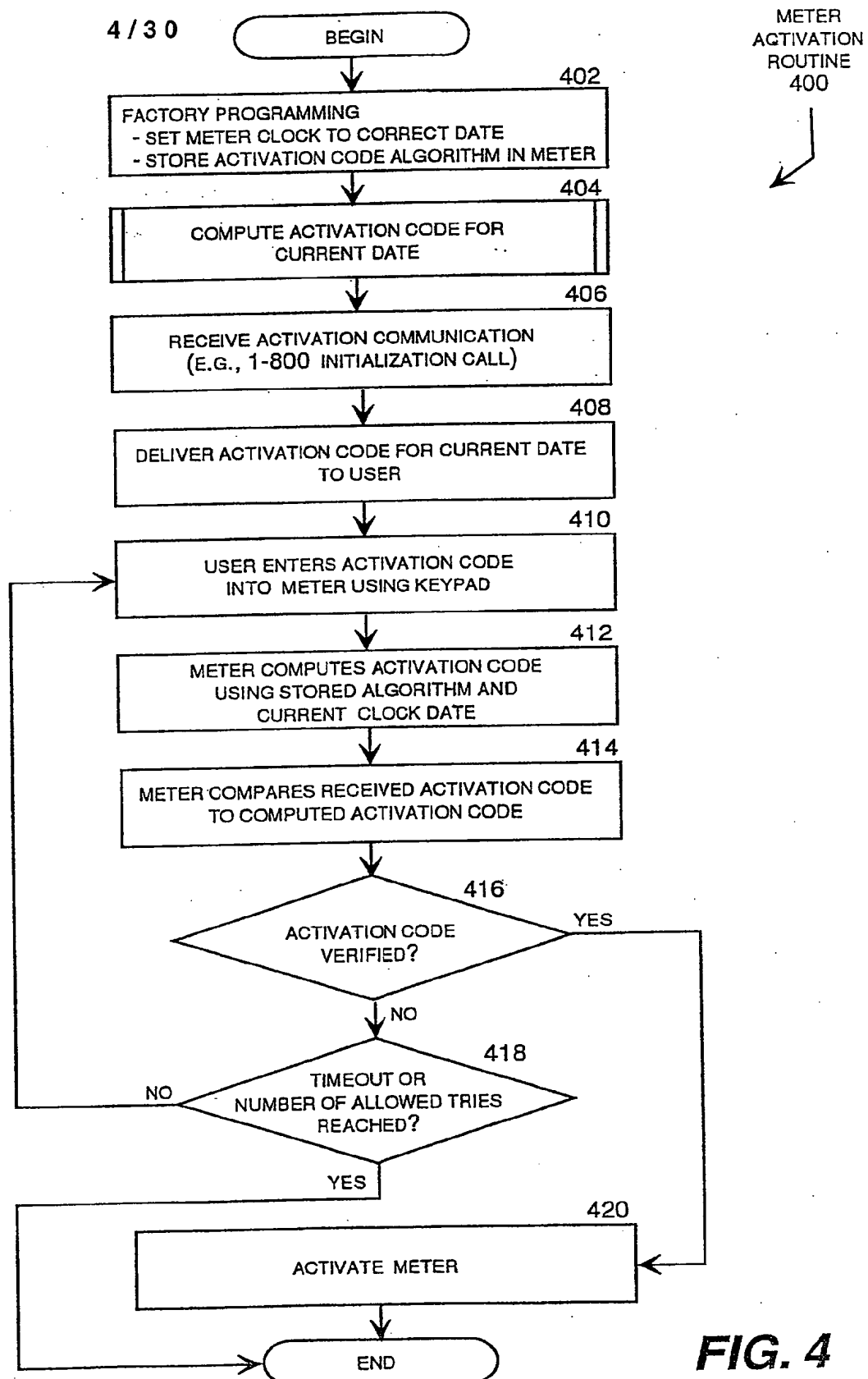
FIG. 1B

REPLACEMENT DRAWING





REPLACEMENT DRAWING



REPLACEMENT DRAWING

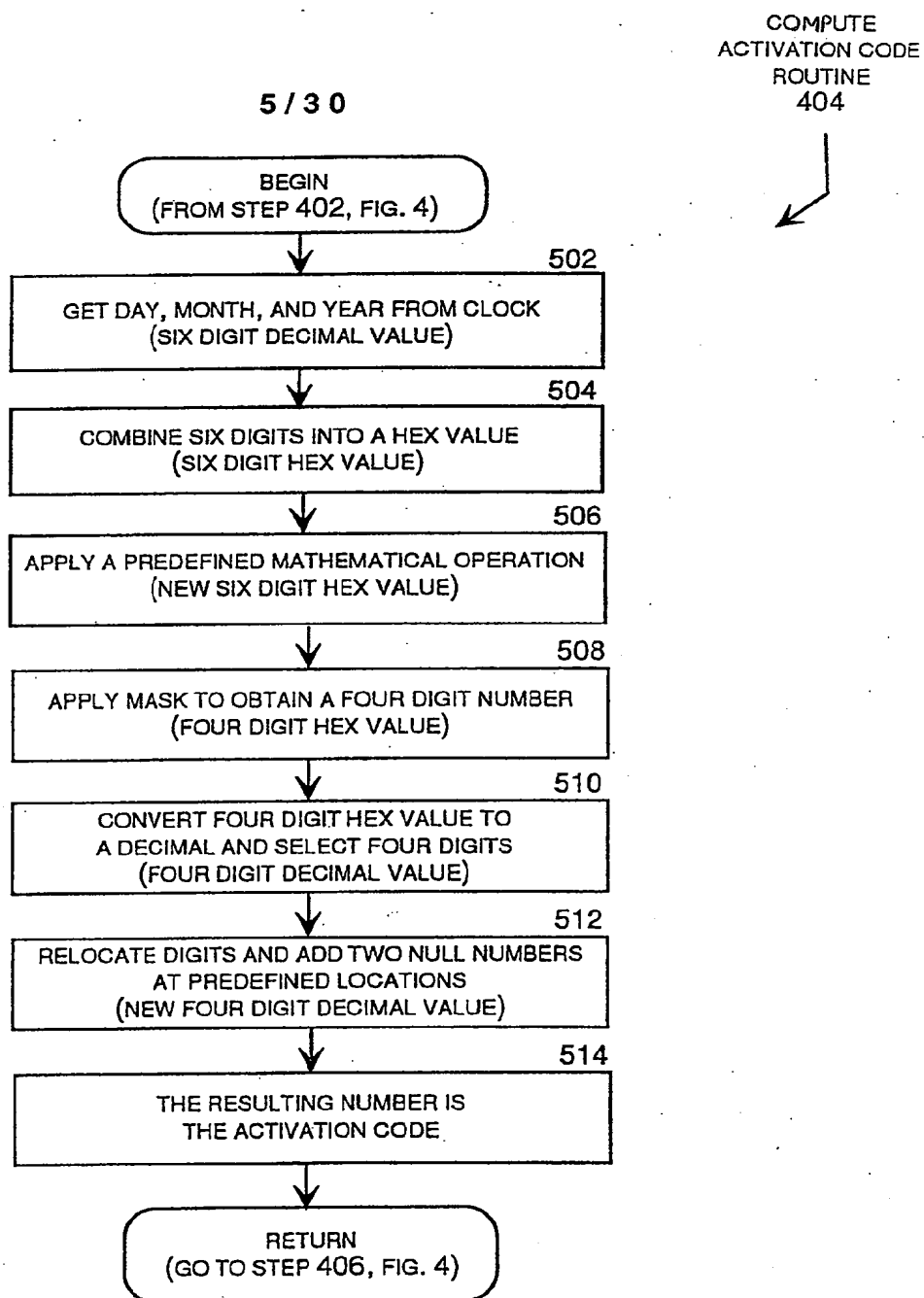
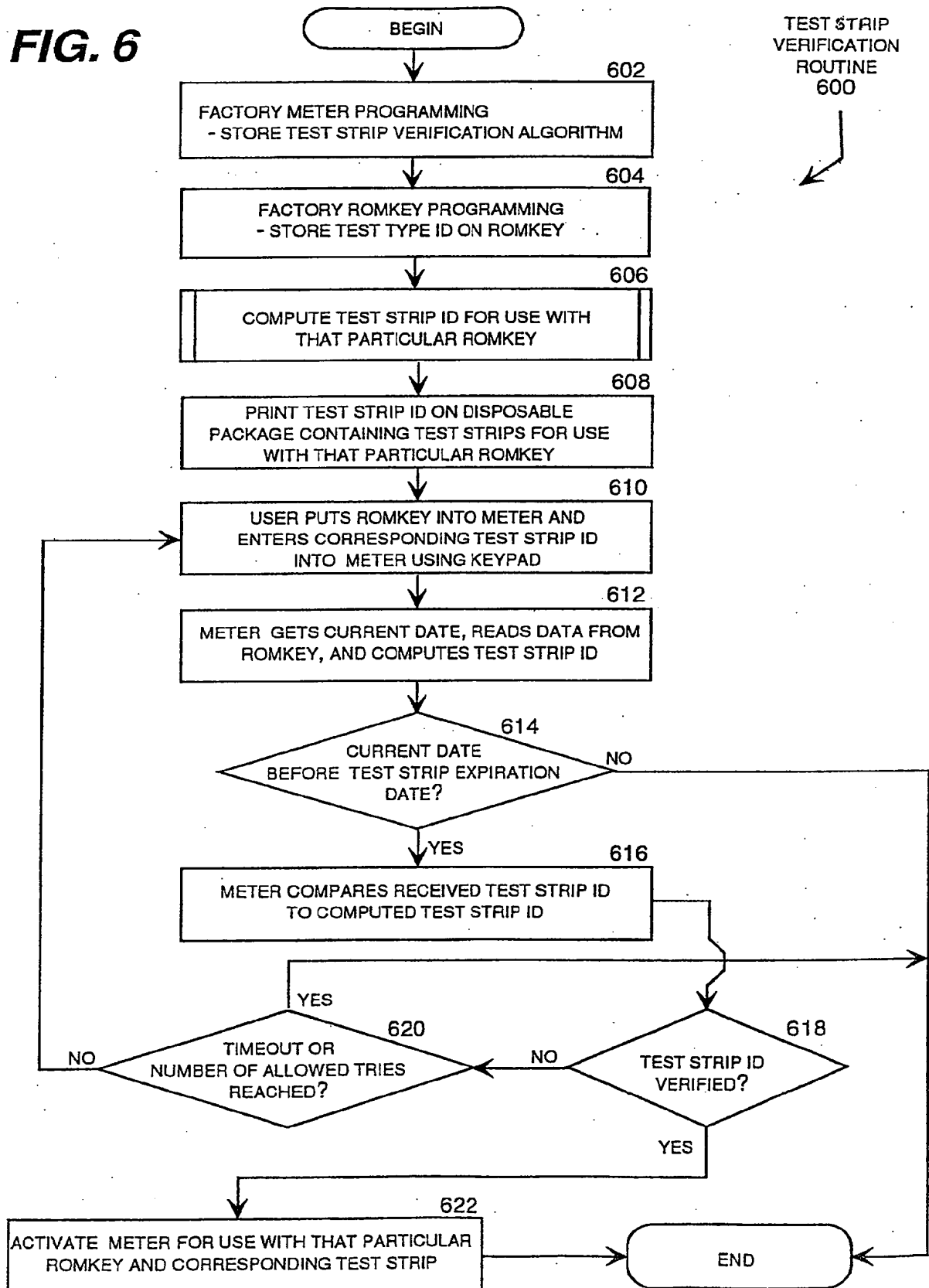


FIG. 5

REPLACEMENT DRAWING

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FIG. 6



REPLACEMENT DRAWING

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COMPUTE
TEST STRIP ID
ROUTINE
606

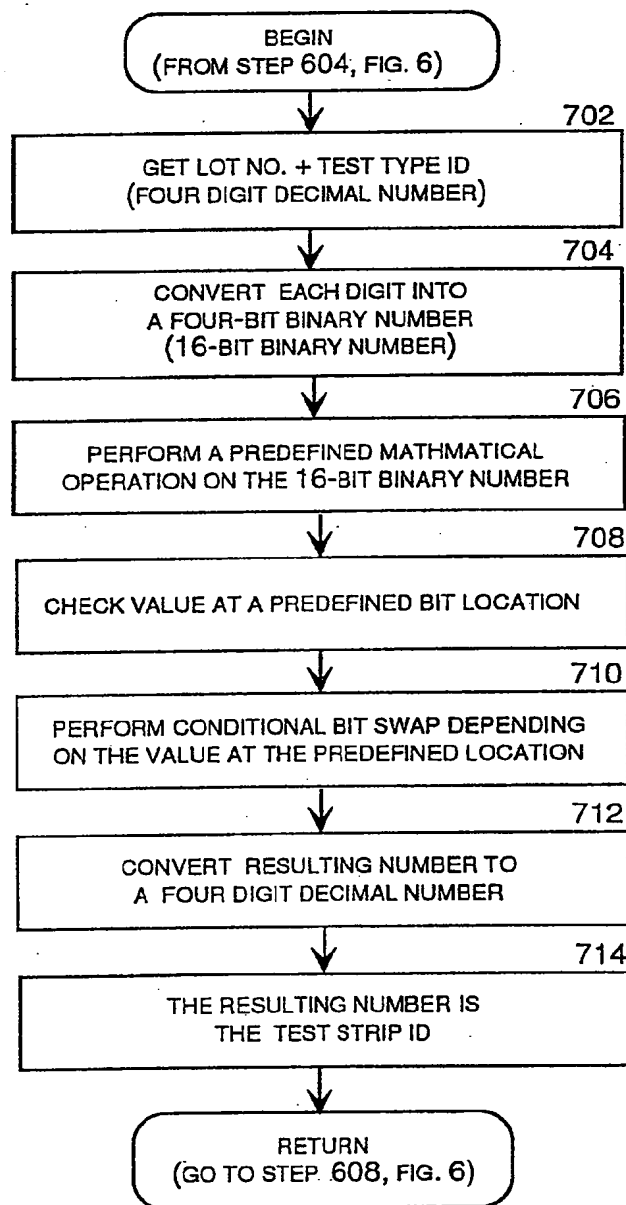


FIG. 7

REPLACEMENT DRAWING

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DIAGNOSTIC
PROGRAMMING
ROUTINE
800

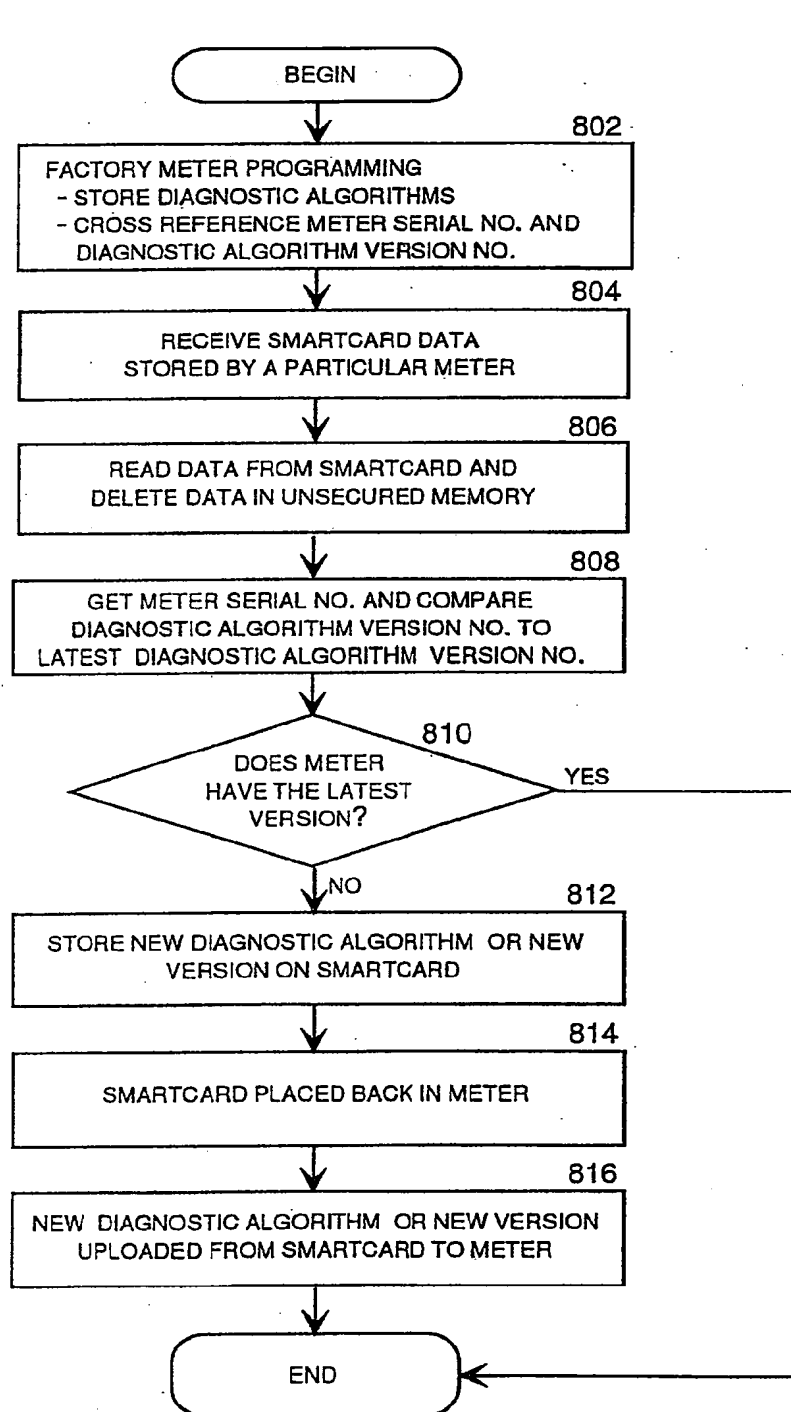
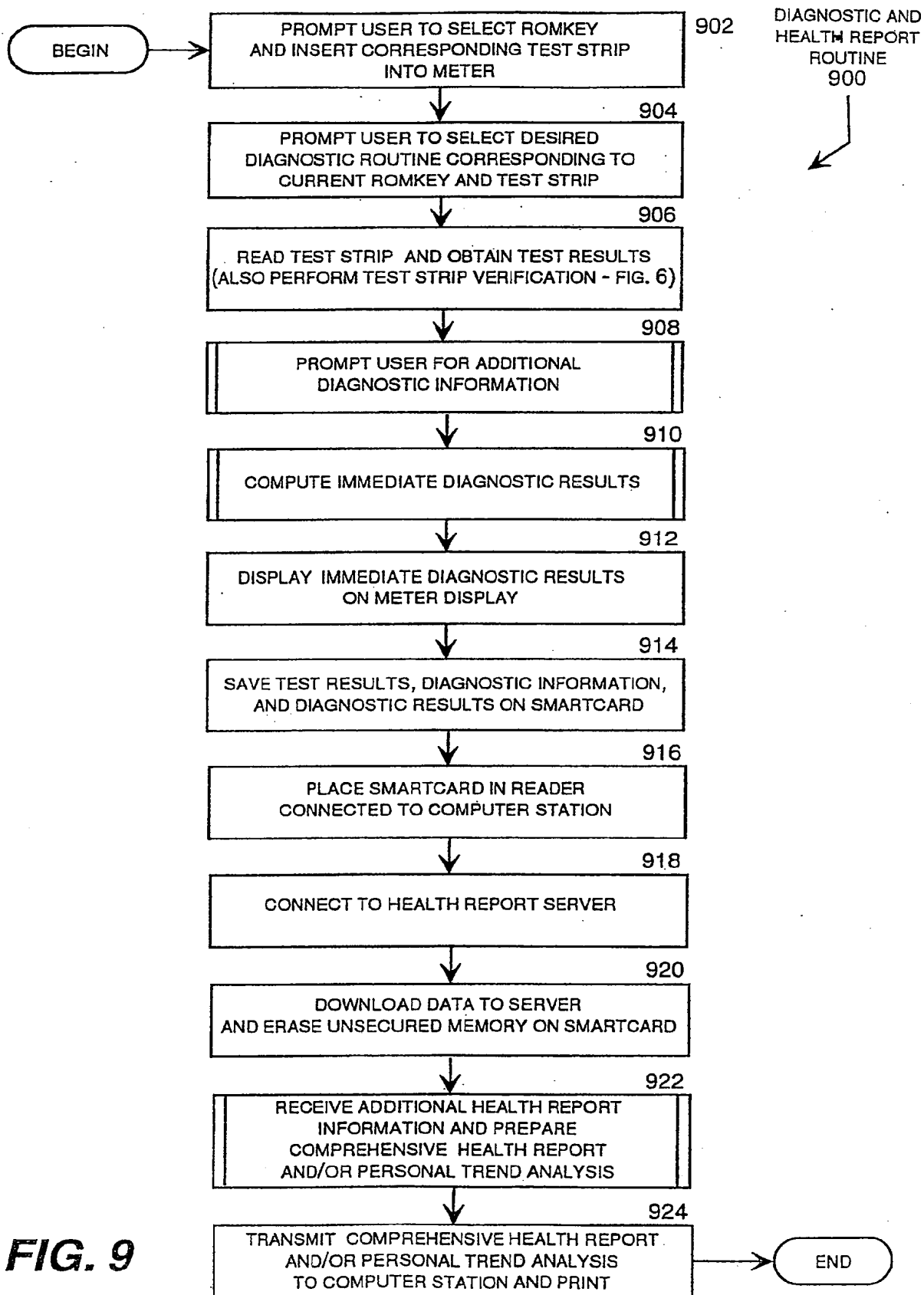


FIG. 8

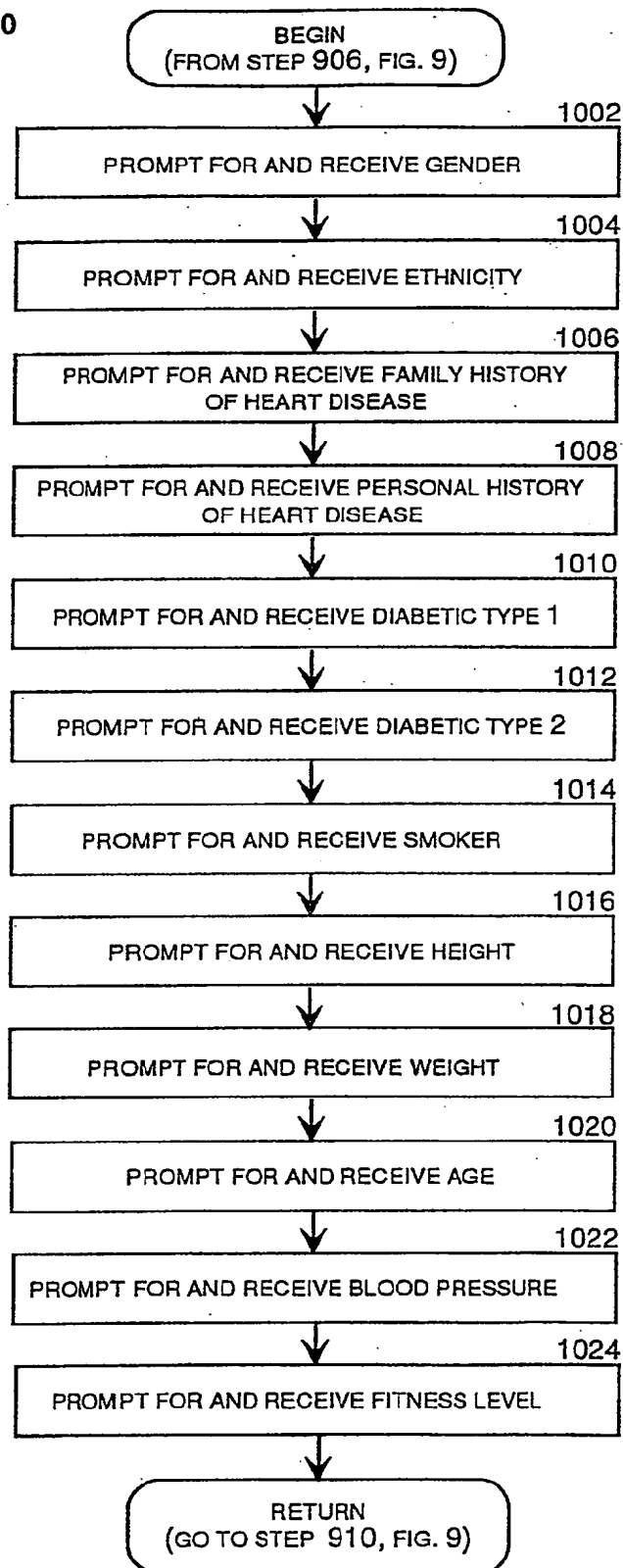
REPLACEMENT DRAWING

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REPLACEMENT DRAWING

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EXAMPLE
CHOLESTEROL
ROUTINE
908

FIG. 10

REPLACEMENT DRAWING

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EXAMPLE
CHOLESTEROL
ROUTINE
910

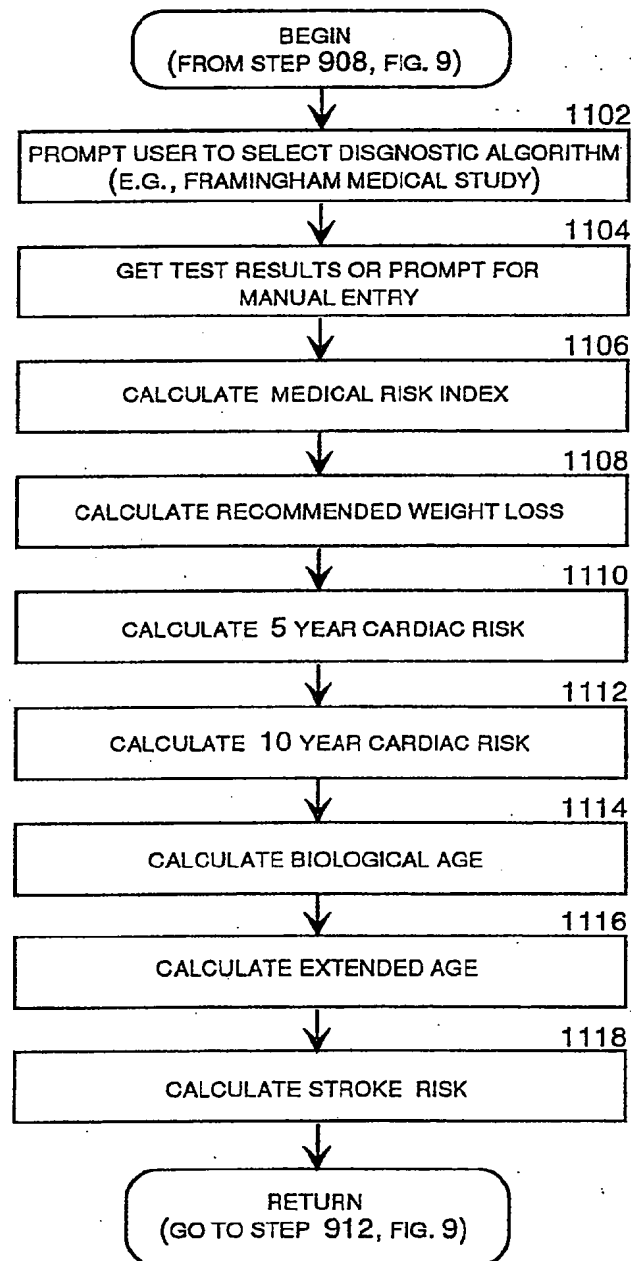
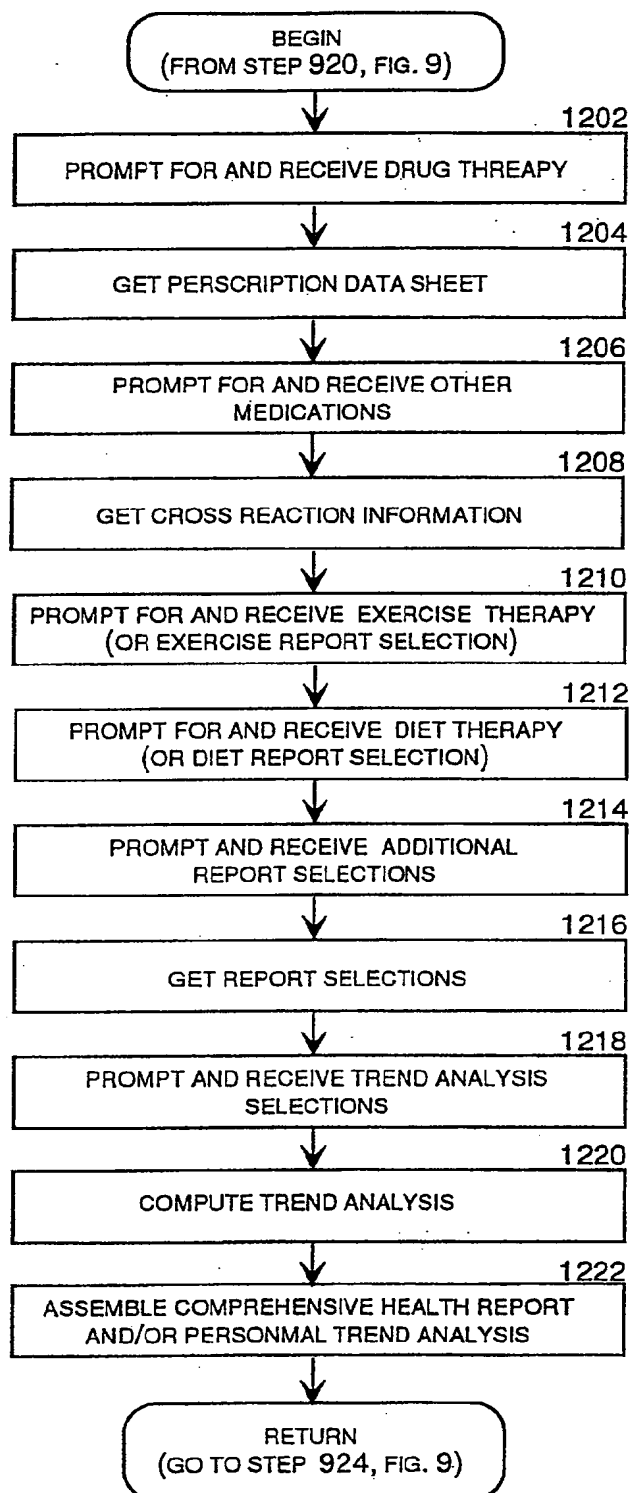


FIG. 11

REPLACEMENT DRAWING

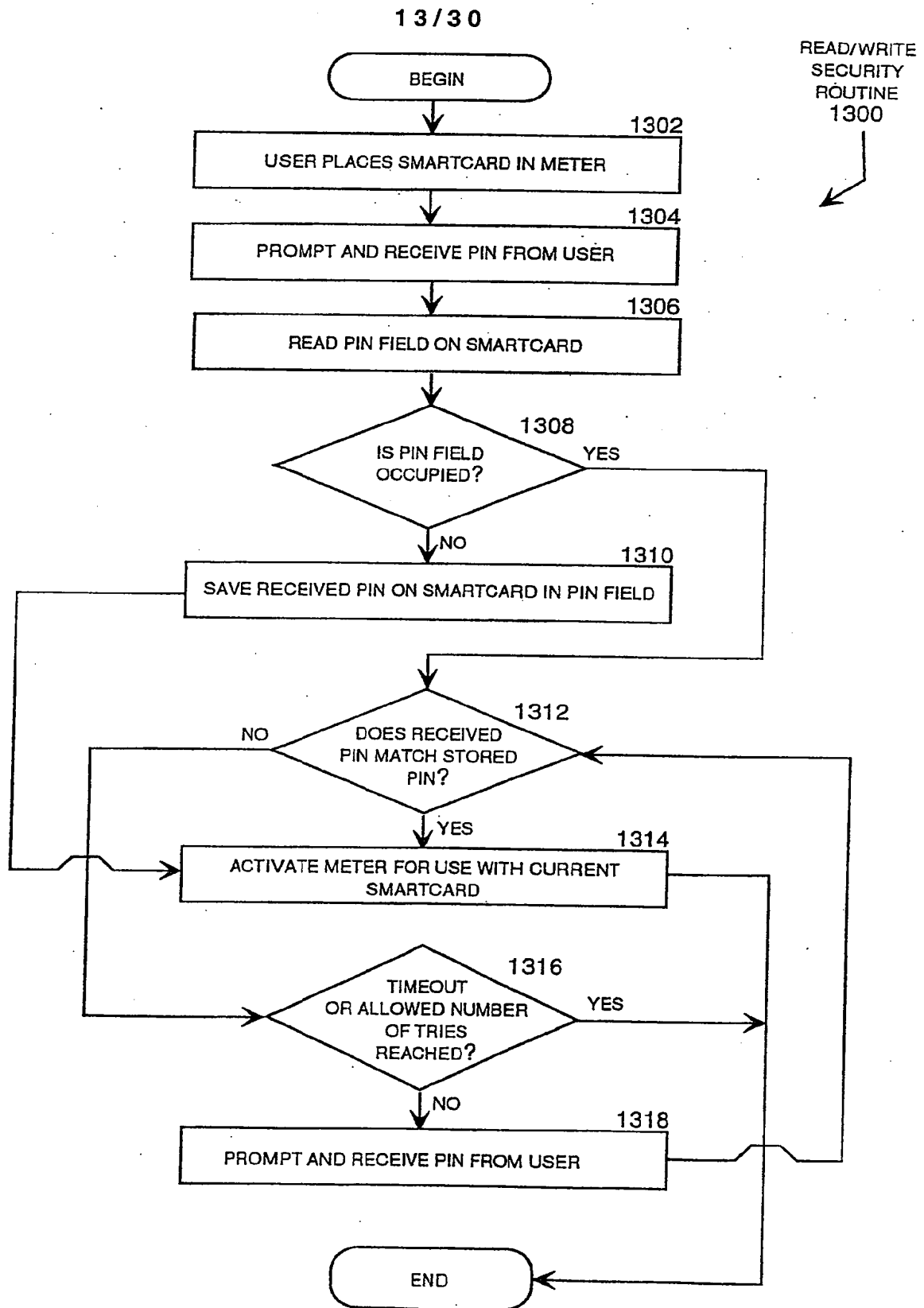
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EXAMPLE
CHOLESTEROL
ROUTINE
922

FIG. 12

REPLACEMENT DRAWING



REPLACEMENT DRAWING

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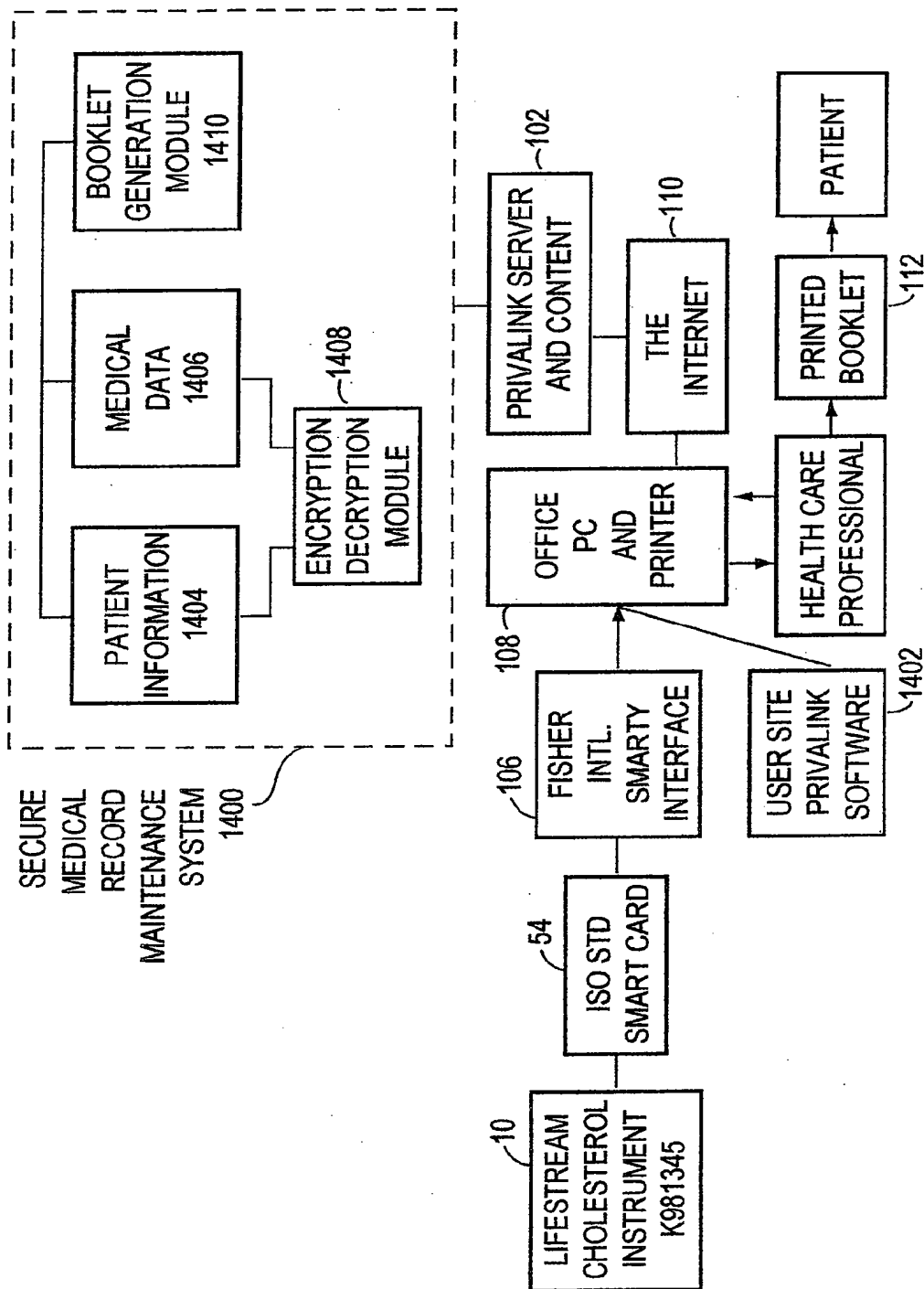


FIG. 14

REPLACEMENT DRAWING

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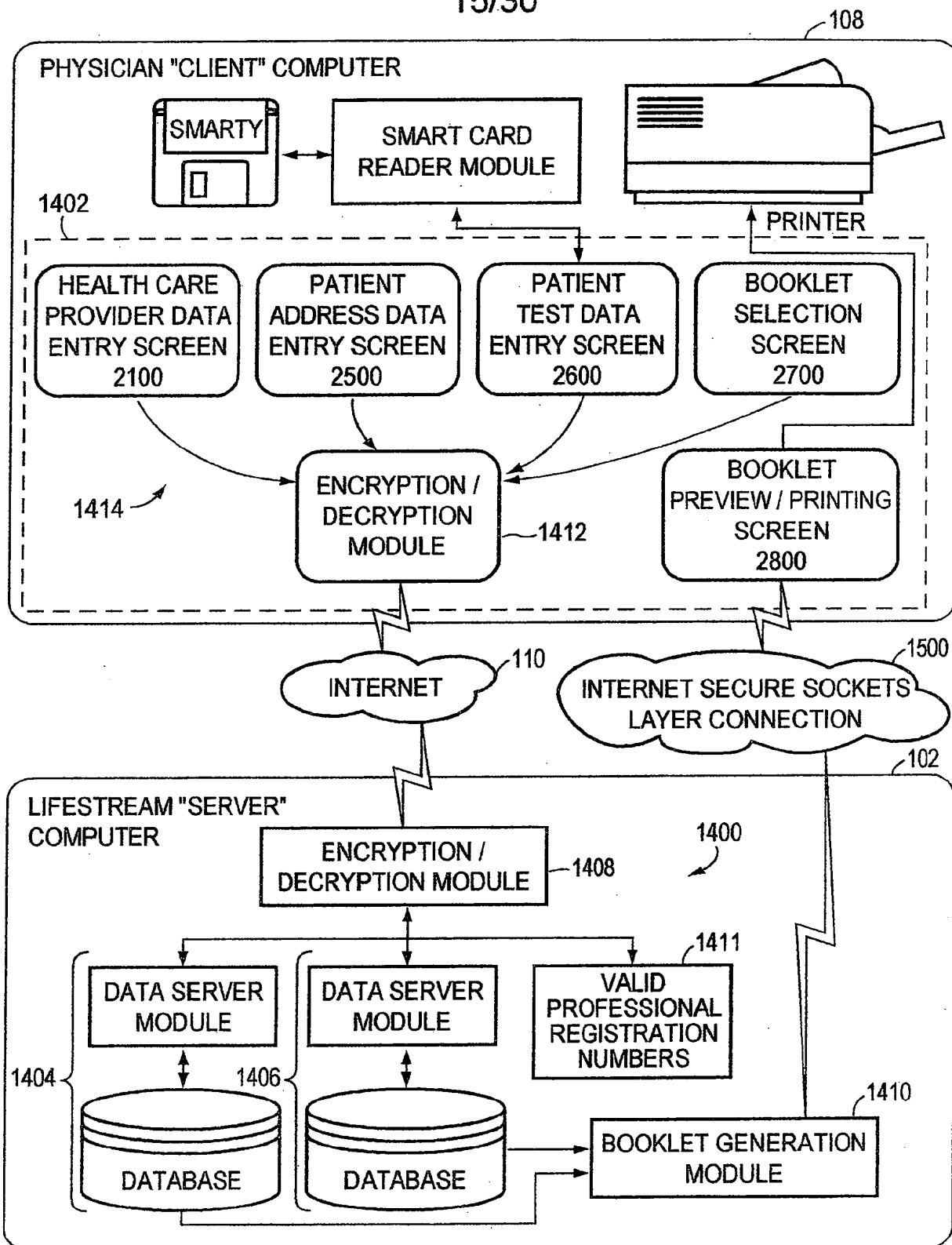


FIG. 15

REPLACEMENT DRAWING

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GLOBAL SYSTEM HARDWARE PICTORIAL

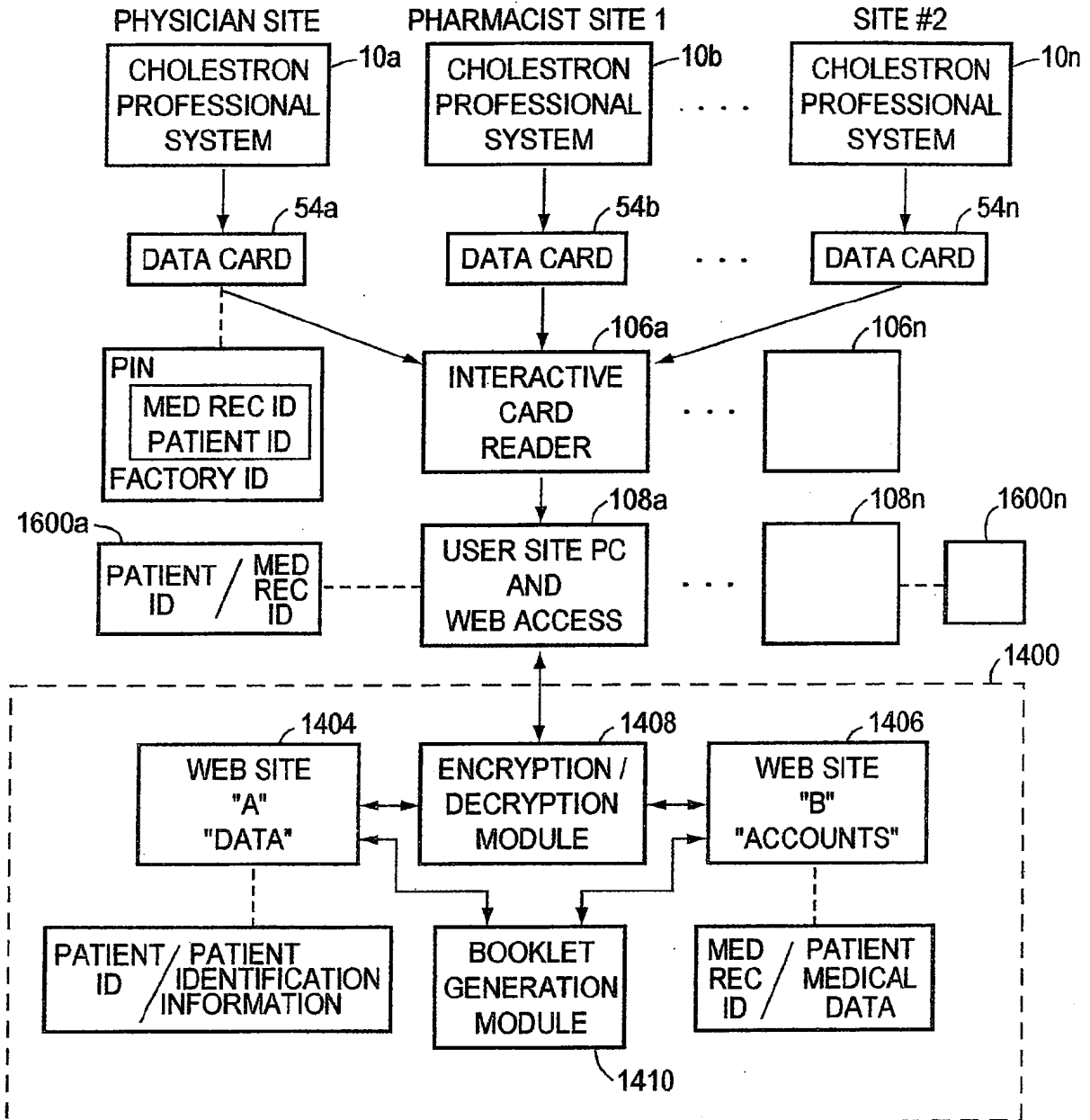
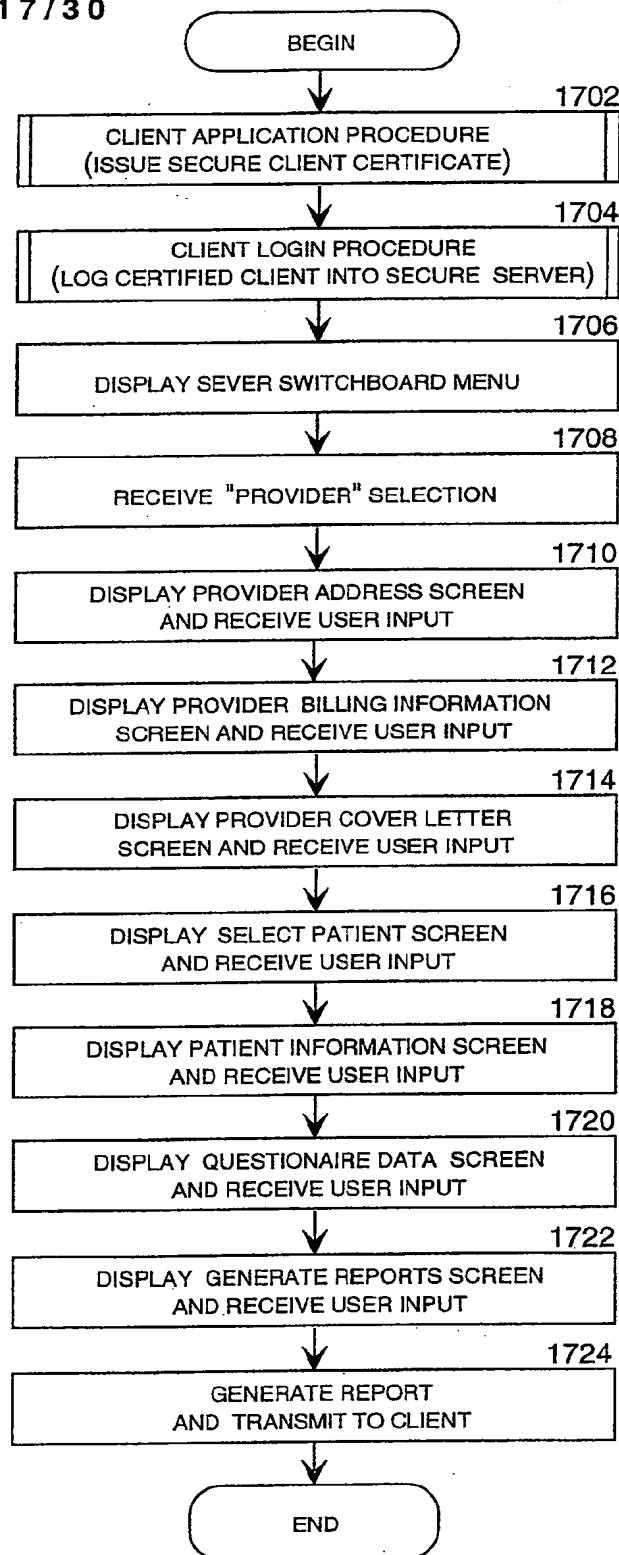


FIG. 16

REPLACEMENT DRAWING

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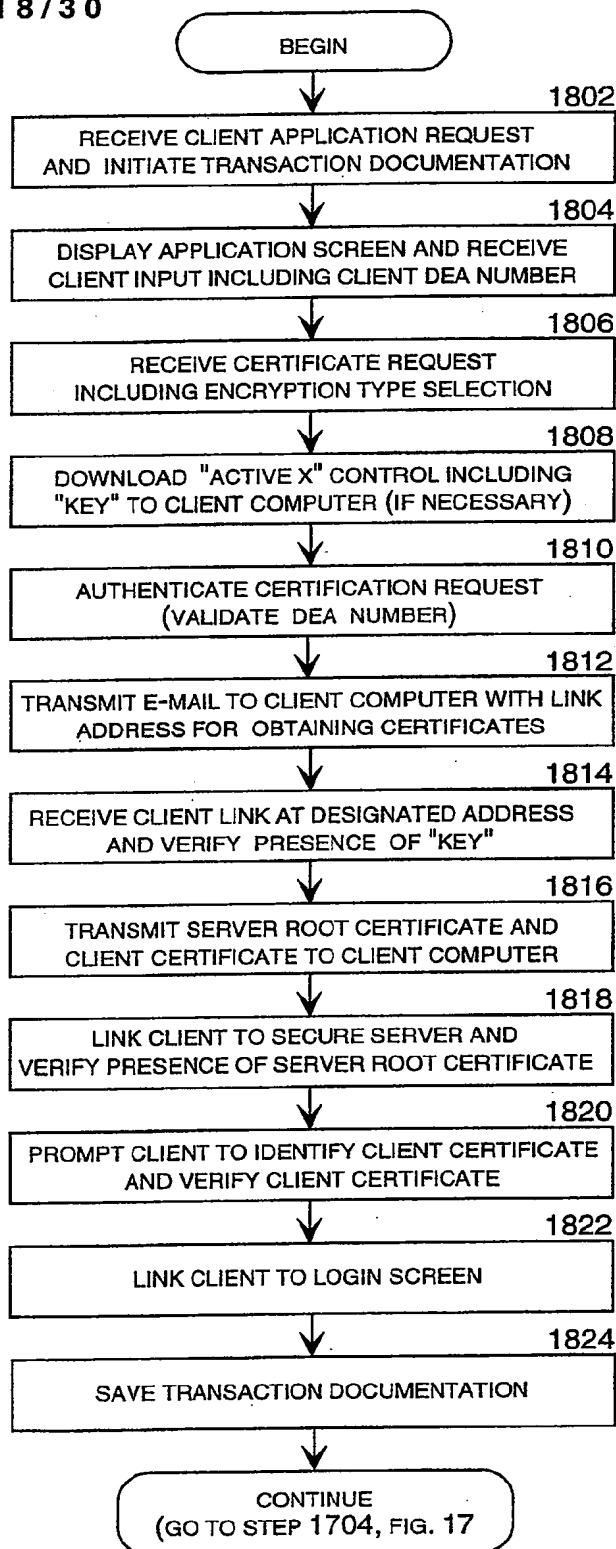


CLIENT
ACCESS
ROUTINE
1700

FIG. 17

REPLACEMENT DRAWING

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CLIENT
APPLICATION
ROUTINE
1702

FIG. 18

REPLACEMENT DRAWING

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CLIENT
LOGIN ROUTINE
1704

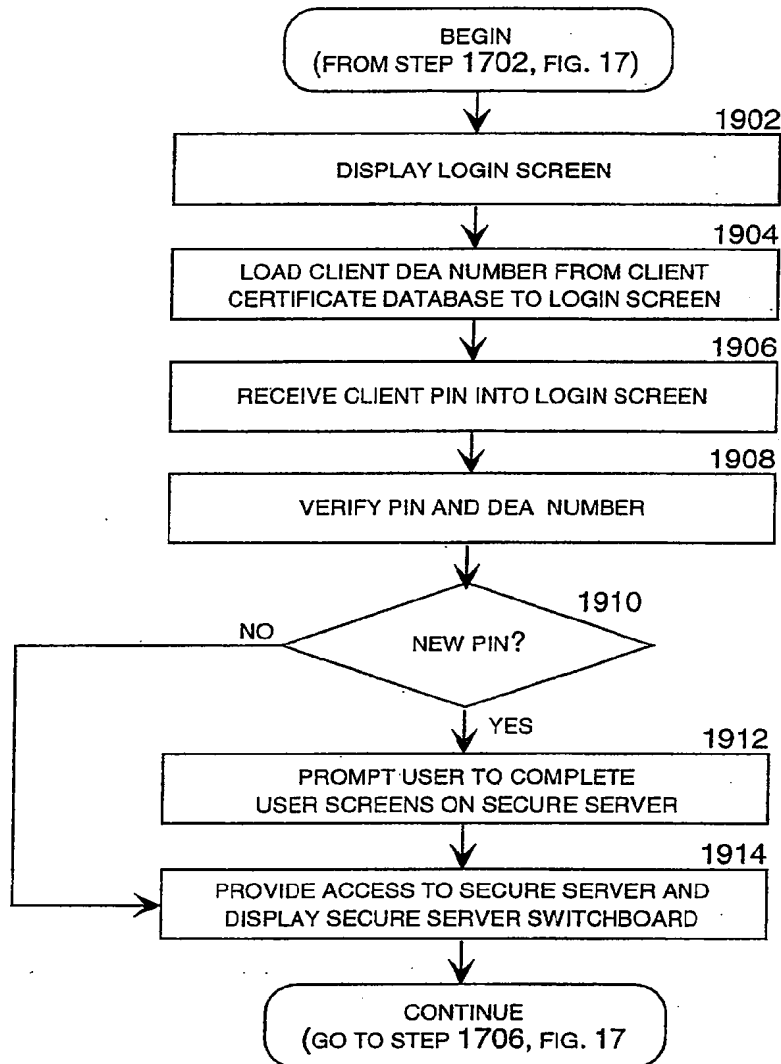


FIG. 19

REPLACEMENT DRAWING

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INITIAL INPUT SELECTION

2002 2004

2000

Provider	Patients	Programs	Online PDR	Abstracts
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FIG. 20

BILLING MODULE

2100

2102 2106 2108 2110 2104

Address Billing Info Cover Letter

Account

Provider Number XX1234567 PIN ****

Name

Title	First	Last	Degree
	Lifestream	Technologies	

Address

Street Address

510 Clearwater Loop

Suite 101

City Post Falls State/Region ID Postal Code 83854

Country United States

Other

Phone (208) 457-9409 Fax (509) 457-9509

Birthdate 1/1/60 E-mail sales@lifestreamtech.com

Associate PIN Numbers

First Name	Last Name
Jane	Worker
Joe	Worker

Add Modify Delete

Notes

1.0.3.4

Save

FIG. 21

REPLACEMENT DRAWING

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2108

2200

2202

Address

Billing Info

Cover Letter

Billing Method

Credit Card

Credit Card Information

Credit Card Number

Expiration Date

Name on card

Checking Account Information

Checking Account

Routing Number


 Save

FIG. 22

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2110

Address Billing Info Cover Letter

From the Office of Lifestream Technologies
510 Clearwater Loop, Suite 101, Post Falls, Idaho 83854
Phone: (208) 457-9409 Fax: (208) 457-9509

~Data~

~Pt.Name~
~Pt.Address~
~Pt.City~, ~Pt.State~ ~Pt.Zip~

Dear ~Pt.FirstName~,

Editor Save

FIG. 23

REPLACEMENT DRAWING


23/30


2400

1.0.253

Select an existing patient or add a new patient


☒ Select Existing Patient





 Read SmartCard


☐ Add New Patient

Administrative

 Backup

 Recreate Card

 Restore

 Quick List


 Next

FIG. 24


REPLACEMENT DRAWING

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2500

Patient Information

Account		Other	
File Number	Entry Date	Phone	Fax
123	11/24/98	(509) 555-1212	
Name		Birthdate	Gender
First	Last	1/1/50	<input type="radio"/> Male
Jill	Smith		<input type="radio"/> Female
Address		E-mail	
Street Address			
110 Main		<input checked="" type="checkbox"/> Include on Mailing List	
City	State/Region	Postal Code	
Spokane	WA	99201	
Country		Language	
United States		English	
Notes			

 Save

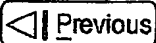
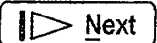
 Previous  Next

FIG. 25

REPLACEMENT DRAWING

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2600

Questionnaire Data

Patient

File Number	First	Last	Test Time Stamp
123	Jill	Smith	12/8/98 10:16:01AM

Risk Components

Family History	<input checked="" type="checkbox"/>	Height	68 inches	Glucose	0 mg/dl
Personal History	<input type="checkbox"/>	Weight	165 pounds	Body Fat	24 %
CVD	<input type="checkbox"/>	Age	48 Years	Systolic	140
AF	<input type="checkbox"/>	Chol	215 mg/dl	Diastolic	80
LVH	<input type="checkbox"/>	Tng	0 mg/dl	Fitness	Sedentary
Diabetes Type 1	<input type="checkbox"/>	LDL	0 mg/dl	Ethnicity	Caucasian
Diabetes Type 2	<input type="checkbox"/>	HDL	0 mg/dl	Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Smoker	<input checked="" type="checkbox"/>				

Record 1 of 1

Read SmartCard Save

Previous Next

FIG. 26

REPLACEMENT DRAWING


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2700

Generate Reports

Current Test	File Number	First	Last	Test Time Stamp
	123	Jill	Smith	12/8/98 10:16:01AM

<input checked="" type="checkbox"/> Full Program	Lifestyle Therapy	Lipid Drug	Blood Pressure Drug
<input checked="" type="checkbox"/> Cover Letter	None	None	None
<input checked="" type="checkbox"/> Summary	NCEP		
<input checked="" type="checkbox"/> Evaluation			
<input checked="" type="checkbox"/> Receipt			

 **Generate Report**


 **Previous**

FIG. 27

REPLACEMENT DRAWING

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	CORONARY RISK FACTORS	TEST RESULTS	IDEAL RANGE	GOALS
	GENDER	MALE		
IDEAL	PERSONAL HISTORY	NO	NONE	
IDEAL	FAMILY HISTORY	NO	NONE	
	CVD	NO		
	AF	NO		
	LVH	NO		
MODERATE	DIABETES (TYPE 1)	YES	NONE	
HIGH	SMOKER	YES	NO	
	HEIGHT	66 in		
	WEIGHT	155 lbs		
	AGE	44		
MODERATE	TOTAL CHOLESTEROL	211	< 200	
	TRIGLYCERIDES	200		
	HDL	N/A	45-65	
	LDL	N/A	65-135	
	GLUCOSE	N/A		
IDEAL	PERCENTAGE OF BODY FAT	N/A	18%	
IDEAL	BP SYSTOLIC	115	< 120	
LOW	BP DIASTOLIC	80	< 80	
LOW	FITNESS	MODERATE	HIGH	

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PERSONAL HEALTH CONSEQUENCES		
BODY MASS INDEX (BMI)	25	< 25
POUNDS OVERWEIGHT	0	0
CHOLESTEROL/HDL RATIO	N/A:1	< 3.5:1
CARDIAC RISK	5 YEARS - 5% 10 YEARS - 10%	
BIOLOGICAL AGE	47	< 44
STROKE RISK	10 YEARS - LOW RISK	

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EXTENDED HEALTH ASSESSMENT SUMMARY

CHRONOLOGICAL AGE	30	40	50	60	70
CARDIAC AGE	N/A	N/A	52	62	69

FIG. 28

REPLACEMENT DRAWING

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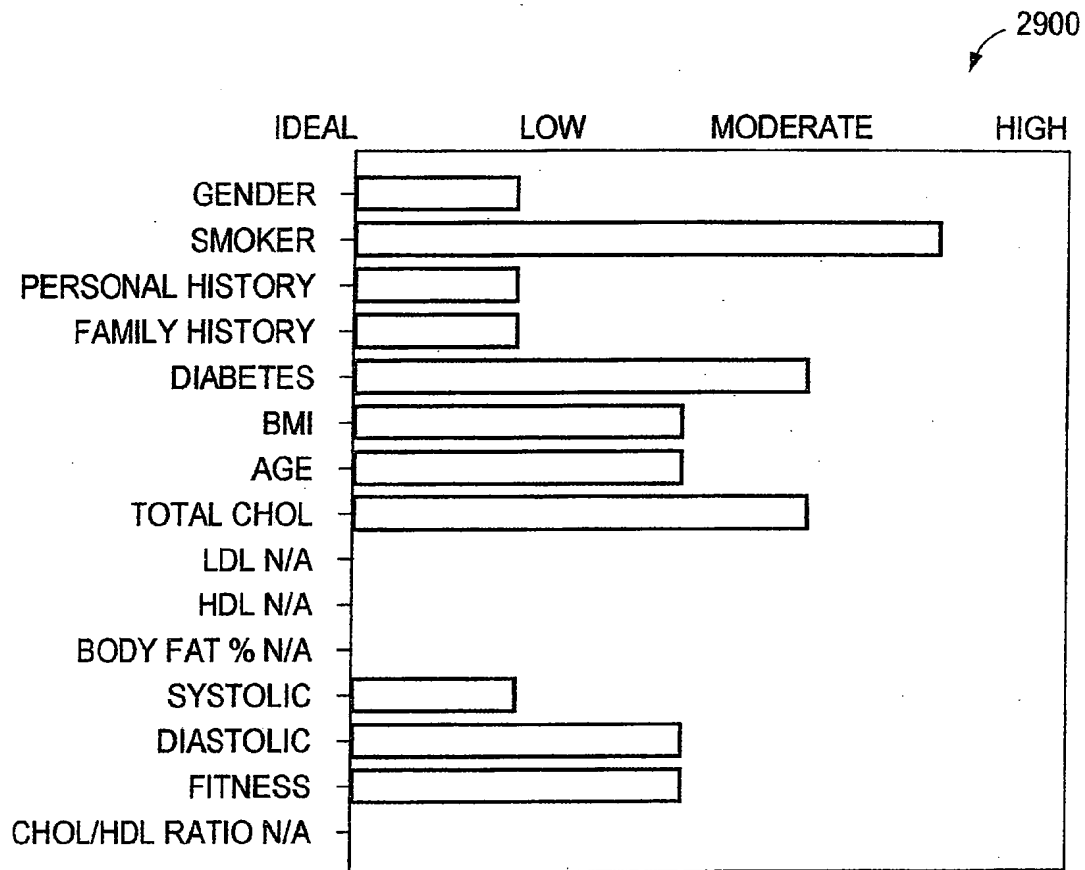
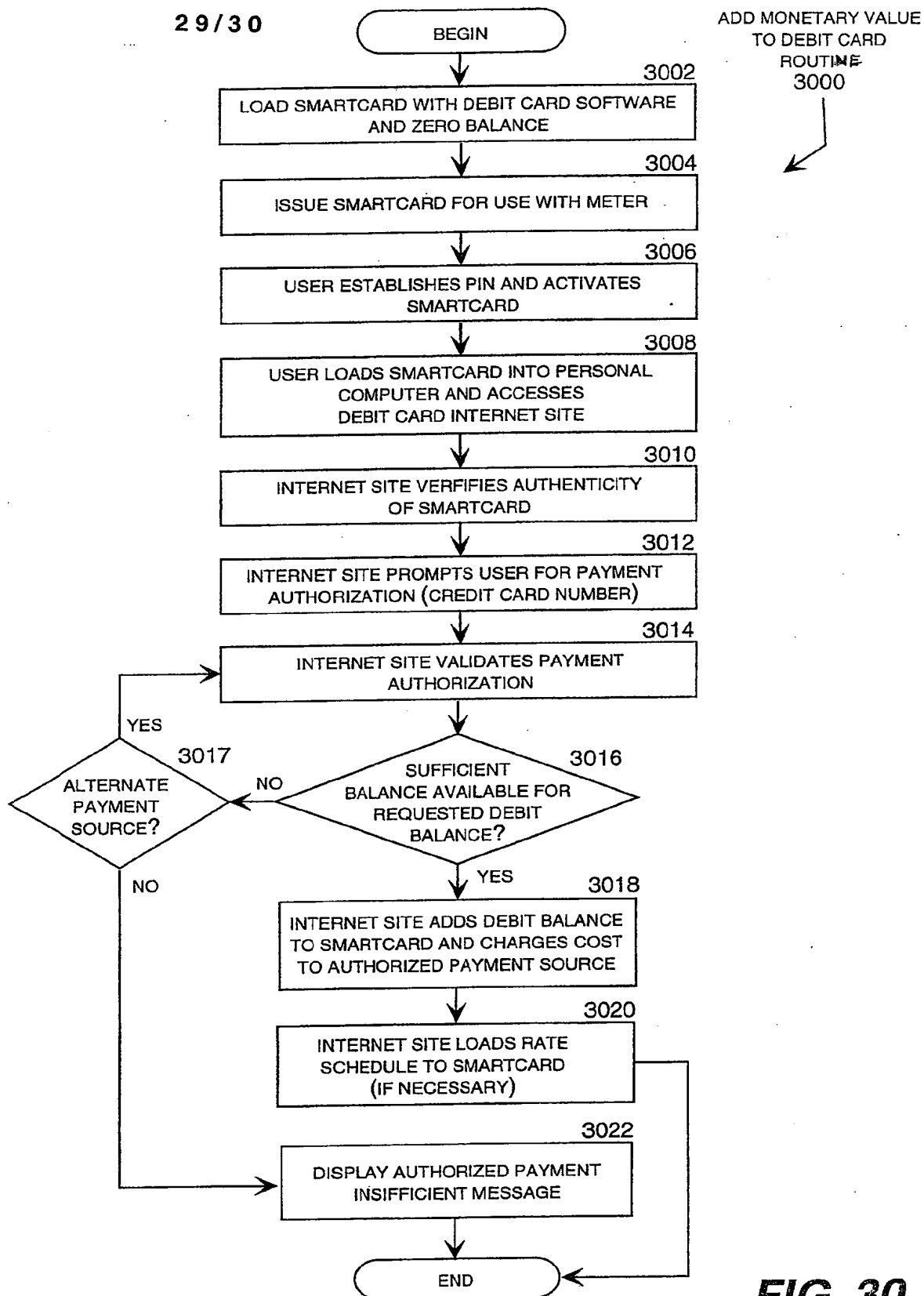


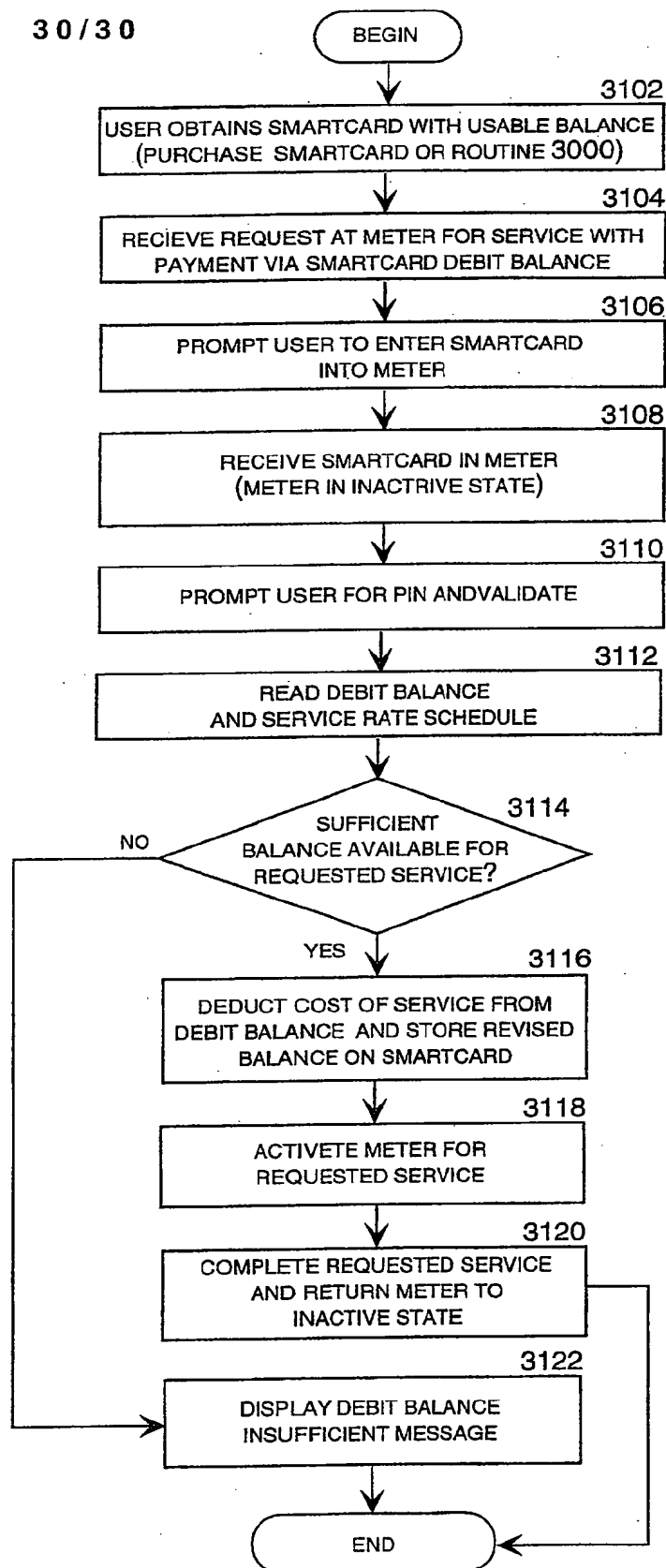
FIG. 29

REPLACEMENT DRAWING



REPLACEMENT DRAWING

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USE DEBIT CARD
ROUTINE
3100

FIG. 31